Quality and Patient Safety Committee

CCHHS Board of Directors

Meeting 2/17/2015

Presented by: Krishna Das, MD, Chief Quality Officer

Accreditation Timetable

Location	Agency	2012	2013	2014	2015	2016	2017
Stroger	Joint Commission	Accredited 11/2012			Survey due by 11/2015		
ACHN	Joint Commission			Accredited 3/2014	PCMH Survey due 3/2015		Survey due by 3/2017
Provident	Joint Commission			Accredited 11/2014			Survey due by 11/2017
Stroger (Stroke)	Joint Commission	Certified 6/2012		Certified 6/2014		Survey due by 6/2016	
Stroger (Lab)	College of American Path	Accredited 10/2012		Accredited 11/2014		Survey due 9-11 / 2016	
Provident (Lab)	College of American Path		Accredited 8/2013		Survey due 8-10 / 2015		
Stroger (Cancer)	American Coll. Of Surgeons		Survey	Accredited		Survey due by 6/2016	
Stroger (Blood Bank)	FDA		Survey 2/2013		Survey due 1-5/ 2015		Survey due 1-5/2015
Stroger	PeriNatal Network			Accredited			Survey due 11/2017
Stroger	Burn Services			Accredited 12/2014			Survey due by 12/2017
System (Mammo)	Radiology-ACR		Accredited 4/2013			Survey due by 4/2016	
Stroger (Training)	GME		CLER survey	Prev Med Fellowship	Medicine 5/2015		ColoRectal 3/2017

Future Presentations

PROPOSED

Quarterly to Board

- Joint Commission survey & PCMH survey preparation (2/2015)
- Patient Experience (5/2015)
- Value Based Purchasing (8/2015)
- Readmissions (11/2015)
- Capacity Management
- OR Initiatives
- Meaningful Use
- Magnet and Baldrige

Annual to QPS Committee

- GME
- Public Health
- Cermak
- CORE Center
- Stroke Program
- Burn and Trauma
- Infection Control
- Provident Quality Plan
- Stroger Quality Plant
- ACHN Quality Plan
- Safety Plan
- Nursing

QPS Dashboard Overview

CCHHS QPS Committee Dashboard

Data as of 02/10/2015

PERFORMANCE MEASURES	CY 2014												TARGET	VARIANCE
	Q1 2014			Q2 2014			Q3 2014			Q4 2014				
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec		
Stroger														
Core Measures														
Venous Thromboembolism (VTE) (%)	81.0	84.3	79.4	73.3	85.5	81.2	92.2	84.6	87.8	87.6	83.3	84.2	99	
Stroke (%)	71.4	62.5	73.3	74.6	94.2	95.2	95.0	96.9	95.7	97.1	93.3	91.4	100	
Immunizations (%)	54.0	54.0	61.6	64	59	45	47	53	62	74.3	67.9	67.8	90	
Efficiency - Operating Room														
On-Time Start (%)	32	30	40	47	38	48	38	41	32	35	45	35	80	
Room Turn Around Time (minutes)	50	50	47	48	52	49	51	48	54	57	54	50	35.0	
Safety														
HAC: Pressure Ulcer Stages III & IV *Note: Adult discharges (≥ 18) with LOS ≥ 5 days; per 1000 discharges*	7.65	0.00	3.82	3.76	3.76	1.88	0.00	0.00	1.77	2.22	4.44	4.44		
HAC: Falls with Injury *Note: All med/surg units and ICUs/CCUs; per 1000 patient-days*	0.54	0.98	0.88	0.00	0.41	0.69	0.66	1.00	0.29	0.15	0.30	0.00		
HAI: CLABSI SIR *Note: Eligible units include all units with an observed laboratory confirmed*	####	0.000	0.613	0.370	1.208	0.710	0.000	0.442	TBA	TBA	TBA	TBA		
HAI: CAUTI SIR *Note: Eligible units include all units with an observed laboratory confirmed*	1.00	1.29	1.58	1.27	0.99	0.65	1.04	0.69	TBA	TBA	TBA	TBA		
Patient Experience														
Overall Rating of Hospital (% top box)		54.8	62.6	60.2	60.7	69.2	66.0	65.2	66.1	73.0	61.3	75.0	85%	
Communication with Doctors (% top box)		75.3	86.5	82.2	77.2	78.0	82.7	90.3	81.6	82.8	75.5	82.9	88%	
Communication with Nurses (% top box)		62.9	64.3	69.2	60.0	69.7	69.2	71.7	65.1	73.4	63.0	71.8	86%	
Cleanliness (% top box)		40.2	46.4	54.1	43.7	50.8	51.3	55.3	47.8	60.7	39.1	51.3	77%	
Provident														
Core Measures														
Venous Thromboembolism (VTE) (%)	83.3	82.6	92.0	78.3	90.0	84.2	80.0	90.0	89.5	78.9	94.1		99.0	
Immunizations (%)	69.4	94.1	82.4	62.9	80	82.4	63.6	76.7	62.1	65.1	65.1		90	
ACHN														
Diabetes Control % with Hgb A1C < 9%	75.6			73.4			77.0			77.7			78	
Immunizations: Up to date in children at 24 months (%)	87			87			57			68			86	
Patient Experience: Site Rating	75			75			76						75	
Patient Experience: Moving Through Visit	66			68			68			67			75	
Patient Experience: Telephone Access	63			60			63			62			75	

CCHHS Board Metrics - Quality

	CY 2014												TARGET	VARIANCE
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec		
Stroger														
Core Measures	Monthly Composite													
Venous Thromboembolism (VTE) (%)	81.0	84.3	79.4	73.3	85.5	81.2	92.2	84.6	87.8	87.6	83.3	84.2	99%	-14.80%
Stroke (%)														
Immunizations (%)														
Efficiency - Operating Room	Monthly %													
On-Time Start (%)	32	30	40	47	38	48	38	41	32	35	45	35	80	-45%
Room Turn Around Time (minutes)														
Safety	Total # of Events													
HAC: Pressure Ulcer Stages III & IV *Note: Adult discharges (≥ 18) with LOS ≥ 5 days; per 1000 discharges*														
HAC: Falls with Injury *Note: All med/surg units and ICUs/CCUs; per 1000 patient-days*														
HAI: CLABSI SIR *Note: Eligible units include all units with an observed laboratory confirmed*	15	11	15	7	12	10	9	10	TBA	TBA	TBA	TBA		
HAI: CAUTI SIR *Note: Eligible units include all units with an observed laboratory confirmed*														
Patient Experience														
Overall Rating of Hospital (% top box)		54.8	62.6	60.2	60.7	69.2	66	65.2	66.1	73	61.3	75	85%	-10%
Communication with Doctors (% top box)														
Communication with Nurses (% top box)														
Cleanliness (% top box)														
Provident														
Core Measures														
Venous Thromboembolism (VTE) (%)	59	68	86.8	52	62	83.9	54	64	84.4	54	64	84.4	99.0%	-4.9%
Immunizations (%)														
ACHN														
Diabetes Control % with Hgb A1C < 9%	75.6			73.4			77			77.7			78%	0%
Immunizations: Up to date in children at 24 months (%)														
Patient Experience: Site Rating														
Patient Experience: Moving Through Visit	66			68			68			67			75%	-8%
Patient Experience: Telephone Access	63			60			63			62			75%	-13%

Core Measures/ Efficiency

CCHHS QPS Committee Dashboard														
Data as of 02/10/2015	CY 2014												TARGET	VARIANCE
PERFORMANCE MEASURES	Q1 2014			Q2 2014			Q3 2014			Q4 2014				
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec		
	Stroger													
Core Measures														
Venous Thromboembolism (VTE) (%)	81.0	84.3	79.4	73.3	85.5	81.2	92.2	84.6	87.8	87.6	83.3	84.2	99	
Stroke (%)	71.4	62.5	73.3	74.6	94.2	95.2	95.0	96.9	95.7	97.1	93.3	91.4	100	
Immunizations (%)	54.0	54.0	61.6	64	59	45	47	53	62	74.3	67.9	67.8	90	
Efficiency - Operating Room														
On-Time Start (%)	32	30	40	47	38	48	38	41	32	35	45	35	80	
Room Turn Around Time (minutes)	50	50	47	48	52	49	51	48	54	57	54	50	35.0	

Safety

STROGER HOSPITAL

CCHHS QPS Committee Dashboard														
Data as of 02/10/2015	CY 2014												TARGET	VARIANCE
PERFORMANCE MEASURES	Q1 2014			Q2 2014			Q3 2014			Q4 2014				
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec		
Safety														
HAC: Pressure Ulcer Stages III & IV *Note: Adult discharges (> 18) with LOS > 5 days; per 1000 discharges*	7.65	0.00	3.82	3.76	3.76	1.88	0.00	0.00	1.77	2.22	4.44	4.44		
HAC: Falls with Injury *Note: All med/surg units and ICUs/CCUs; per 1000 patient-days*	0.54	0.98	0.88	0.00	0.41	0.69	0.66	1.00	0.29	0.15	0.30	0.00		
HAI: CLABSI SIR *Note: Eligible units include all units with an observed laboratory confirmed*	####	0.000	0.613	0.370	1.208	0.710	0.000	0.442	TBA	TBA	TBA	TBA		
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Patient Experience

STROGER HOSPITAL

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Communication with Doctors (% top box)		75.3	86.5	82.2	77.2	78.0	82.7	90.3	81.6	82.8	75.5	82.9	88%	
Communication with Nurses (% top box)		62.9	64.3	69.2	60.0	69.7	69.2	71.7	65.1	73.4	63.0	71.8	86%	
Cleanliness (% top box)		40.2	46.4	54.1	43.7	50.8	51.3	55.3	47.8	60.7	39.1	51.3	77%	

Provident Core Measures

CCHHS QPS Committee Dashboard														
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PERFORMANCE MEASURES	Q1 2014			Q2 2014			Q3 2014			Q4 2014				
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	Provident													
Core Measures														
Venous Thromboembolism (VTE) (%)	83.3	82.6	92.0	78.3	90.0	84.2	80.0	90.0	89.5	78.9	94.1		99.0	
Immunizations (%)	69.4	94.1	82.4	62.9	80	82.4	63.6	76.7	62.1	65.1	65.1		90	

ACHN

CCHHS QPS Committee Dashboard														
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CCHHS Board Metrics - Quality

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Cleanliness (% top box)														
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